EXHIBIT J

DR# 1073235

JTVCC James T. Vaughn Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 11/03/2014

DISCIPLINARY HEARING DECISION

Inmate : Cohee, Daniel B   SBI#: 00470221   Type: Class1

Institution: JTVCC James T. Vaughn Correctional Center   Hearing Date: 02/27/2012   Time: 13:15

Inmate Present : Yes   Reason(If No): N/A

Violation : 1.02/200.201 Assault, 1.13 Fighting, 2.03/200.106 Creating a Health, Safety or Fire Hazard

Inmate PLEA : Not Guilty

Inmate Statement : Cohee states that other inmates were messing with I/M Pernell Struman and when the two of them were locked in cell together Struman was saying he has life and he snapped on Cohee and started cutting him with a razor. Cohee called for help and officers came. Struman flushed the razor. Cohee given stitches on his hand and face totaling more than 50 stitches. Actual assault/fight not witnessed by officers. Cohee does not want to press criminal charges. Only Cohee has injuries.

Witness Name: ,

Testimony : On 2/27/12 from approx. 1540-1550 I met with I/M Struman in 18 C-Interview room. Struman refused to make a plea or give any statement. He smiled and laughed a few times but that was it.

Decision : Not Guilty

Violations	Guilty	Not Guilty
1.02/200.201 Assault	[ ]	[X]
1.13 Fighting	[ ]	[X]
2.03/200.106 Creating a Health, Safety or Fire Hazard	[ ]	[X]

Rational : N/A

Sanctions: N/A

HEARING OFFICER'S SIGNATURE ____________________

Rispoli Marcello T

I understand that I may appeal the decision of a Class II Hearing to the Class I Hearing Officer.I may appeal the decision of a Class I Hearing to the faciltiy administrator. I also understand that I have 72 hours to submit my notice of appeal in writing to the Class I Hearing Officer if I am appealing a Class II Hearing decision or the Warden if I am appealing a Class I Hearing decision.

I [ ] DO [ ] DO NOT INTEND TO APPEAL

____
INMATE's SIGNATURE

ORDER TO IMPLEMENT SANCTIONS

[ ] Inmate does not wish to appeal

[ ] Appeal has been denied by Commissioner or Designate

[ ] Sanctions have been modified

[ ] Time Limit(72 hours since hearing) for appeal has expired

It is here by ordered to implement the sanctions:

CONFIDENTIAL DOC000015

Disciplinary# 1073235

JTVCC James T. Vaughn Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 11/03/2014

DISCIPLINARY REPORT

Disciplinary Type: Class1 **Housing Unit:** Pod 2M **IR#:** 1095582

SBI#	Inmate Name	Inst. Name	Location Of Incident	Date	Time
00470221	Cohee, Daniel B	JTVCC	23	02/23/2012	12:30

Violations: 1.02/200.201 Assault, 1.13 Fighting, 2.03/200.106 Creating a Health, Safety or Fire Hazard

Witnesses: 1. N/A 2. N/A 3. N/A

Description of Alleged Violation(s)

On Thursday February 23, 2012 at 1230hrs, I Officer Jason Russell was on Charlie tier with Sgt. Ernest Kemp and Officer James Janusiewicz letting the inmates out to go to chow. When we exited the tier, I heard a loud, continuous banging on Bravo tier. As we entered Bravo tier the banging stopped. I was signaled by multiple inmates that it was coming from the uppers. As I came to Cell Upper 6, I observed blood splatter on the cell door window with Inmate Cohee, Daniel #00470221 standing at the sink with multiple small lacerations to his face and a deep laceration to his right hand with blood covering his clothes and inmate Struman, Pernell crouched down beside the lockers with blood on his shirt and pants. The walls, floor, cell table, and sink/toilet were covered with blood. I radioed to the control pod to call a Code 8. To preserve the crime scene I instructed Inmate Cohee to back up to the door to be cuffed and removed from the cell. Inmate Cohee was secured in the Upper shower 1 and was instructed to not remove his clothing or wash his wounds in the shower. Inmate Struman was then instructed to back up to the door to be cuffed and was escorted to the Bravo Interview room. BU6 cell was secured. At this time, I stripped Inmate Struman and did not find a weapon but noticed blood on his hands and cuts on his right hand. Inmate was then shackled to the table. I then asked Inmate Struman were the weapon was and he stated "I don¿t know what your talking about". I then exited the tier and began my report while responders stood by. --EOR--

Reporting Officer: Russell, Jason J (Correctional Officer)

Immediate Action Taken

Immediate action taken by: Russell, Jason J -Correctional Officer

Inmates Secured In Seperate Areas, Crime Scene Secured.

Offender Disposition Details

Disposition: N/A **Date:** N/A **Time:** N/A **Cell secured?** No

Reason: N/A

Disposition Of Evidence: N/A

Approval Information

Approved: [x] **Disapproved:** [ ] **Approved By:** Glick, Lisa L (Staff Lt./Lt)

Comments: N/A

Shift Supervisor Details

Date Received: 02/23/2012 **Time:** 15:01 **Received From:** Glick, Lisa L

Shift Supervisor Determination:

[ ] Upon reviewing this Disciplinary Report, I conclude that the offense may be properly responded to by an immediate revocation of the following privileges(see reverse side) for _______ hours not to exceed 24 hours)

[X] Upon reviewing this Disciplinary Report, I conclude that the offense would be properly responded to by Disciplinary Hearing.

Glick, Lisa L (Staff Lt./Lt)

CONFIDENTIAL DOC000016

Disciplinary#
1073235

JTVCC James T. Vaughn Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 11/03/2014

DISCIPLINARY REPORT

Disciplinary Type: Class1 **Housing Unit:** Pod 2M **IR#:** 1095582

I have received a copy of this notice on **DATE:**__________ **TIME:** _______ and have been informed of my rights to have a hearing and to present evidence on my own behalf. I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of conduct.

Preliminary Hearing Officer: ____________________
Glick, Lisa L

Offender: ____________________
Cohee, Daniel B

CONFIDENTIAL DOC000017

EXHIBIT K

STATE OF DELAWARE BUREAU OF PRISONS PROCEDURE MANUAL	PROCEDURE NUMBER: 4.4	PAGE: 1 OF 7
	RELATED ACA STANDARDS: 36	
CHAPTER: 4 DECISION-MAKING RELATING TO INMATES	SUBJECT: INMATE GRIEVANCE PROCEDURE	
APPROVED BY THE CHIEF, BUREAU OF PRISONS: Paul W. Howard		
EFFECTIVE DATE: Revised 5/15/98		

I. AUTHORITY: DOC Policy 4.4

II. PURPOSE:

To establish an Inmate Grievance Procedure designed to reduce tension in correctional facilities and to effectively resolve the vast majority of cases within our system. Every inmate will be provided a timely, effective means of having issues brought to the attention of those who can offer administrative remedies before court petitions can be filed. NOTE: Inmates are encouraged to seek their counselors' advice on how to best pursue a response to concerns before prematurely filing a grievance under the guidelines that follow.

III. APPLICABILITY:

All BOP employees, volunteers, persons or organizations conducting business with the BOP: all inmates under BOP custody or supervision.

IV. DEFINITIONS:

A. Bureau Grievance Officer (BGO): A BOP employee who reviews and mediates appeal of the Warden's/Warden's Designee decision.

B. Emergency Grievance: An issue that concerns matters which under regular time limits would subject the inmate to a substantial risk of personal, physical or psychological harm.

C. Grievance: A written complaint concerning the substance or application of a policy or practice; any action toward an inmate by staff or other inmates; any condition or incident within the institution that affects an inmate.

D. Inmate Grievance Chair (IGC): An institutional employee designated to handle inmate grievances.

E. Inmate Grievance Procedure (IGP): The formal process provided to inmates to resolve disputes.

F. Outside Reviewer: An individual not associated with DOC who hears inmate grievance appeals referred by the BGO and Bureau Chief of Prisons.

H. Resident Grievance Committee (RGC): A committee comprised of institutional staff and inmates that hears inmate grievances and makes a recommendation to the Warden/Warden's Designee.

I. Reprisal: Any action or threat of action against inmates or staff based solely on their participation or use of the IGP.

J. Medical Grievance Committee (MGC): An institution's specific medical review authority comprised of a minimum of three medical services contractual staff from the following list:

Health Services Administrator
Director of Nursing
Charge Nurse
Chief Medical Officer
Medical Records Clerk
Mental Health Counselor
Chief Dental Officer
Dental Assistant

V. PROCEDURE:

1. Copies of the IGP shall be available in each institutional housing unit, in each library, in each counselor's office, and in each IGC office.

2. All inmates, regardless of physical condition/security status/administrative status, shall be entitled to use the IGP. Inmate complaints regarding policies and conditions must be within DOC jurisdiction. This includes actions by employees, inmates, and incidents occurring within the institution that affect them personally. NOTE: Policies that have their own formal appeal mechanisms are not grievable through the IGP. Specifically excluded from the IGP are issues concerning Disciplinary, Classification, and Parole

Board decisions.

3. The IGP shall afford the grievant a meaningful remedy. Relief may include an agreement by the Warden/Warden's Designee to remedy an objectionable condition within a reasonable, specified time period; change in institutional policy or practice; or restitution.

4. The IGP prohibits reprisals against staff or inmates for their use or participation in the process. If either participant experiences adverse reactions, they may appeal directly to the Warden/Warden's Designee. The Warden/Warden's Designee shall offer a written response within 10 calendar days upon receipt of the appeal. This decision is appealable to the Bureau Chief of Prisons for final disposition.

5. No staff or inmate named as a party to the grievance shall participate in any capacity in the resolution decision. This instruction includes contact for purposes of information gathering not merely decision making. Grievances filed against the IGC or appealing authority shall be referred to the next higher authority.

6. All grievances shall be kept separate from the inmate's master file. Neither staff or inmates shall have access to these records except to the extent necessary for clerical processing, resolution, or decision compliance.

7. The maximum period between initial grievance receipt and final appeal response shall not exceed 180 calendar days. If a full RGC cannot be convened as scheduled, another hearing shall be rescheduled within 7 calendar days.

8. Inmates are prohibited from submitting more than one grievance arising from a single incident.

9. If more than one inmate files a grievance on the same incident, the IGC will consolidate the staff investigations and RGC hearings into a single "group grievance". All individuals involved will be notified by the IGC.

10. The IGC shall provide a copy of the response to each IGP step to the grievant within 7 calendar days of IGC receipt.

11. The RGC shall be comprised of two inmates who are elected by a majority vote from their own housing unit and two staff designated by the Warden/Warden's Designee. Designated staff should include custody and treatment staff, as well as, those who have frequent contact with the grievant's housing unit. Each RGC member has one vote; the IGC shall only vote to break a tie.

12. Inmate RGC members and two inmate alternates shall serve for a term of six months. Staff RGC members serve at the discretion of the Warden/Warden's Designee. One staff member shall be from Treatment and one from Security.

13. The RGC shall deliberate on its findings and forward its recommendation to the Warden/Warden's Designee.

14. All investigative work must be completed and documented prior to the RGC hearing.

15. Inmates are allowed to retract a grievance at any time during the process by written notice to the IGC.

16. The IGC shall submit a monthly IGP status report to the BGO and the Bureau Chief of Prisons.

17. The BGO and the Bureau Chief of Prisons share responsibility for IGP revisions/amendments. Distribution to all points of inquiry listed in #01 above shall be the responsibility of the Warden/Warden's Designee.

18. Remedies which are dependent on departments or agencies outside of the DOC may require more time for coordination of implementation steps. The IGC shall notify the grievant of the implementation plan and schedule upon receipt of written notification of concurrence by the outside entity.

19. The specific duties of the IGC and BGO are listed in the "Inmate Grievance Procedure Training Manual". Analysis of their performance is the sole responsibility of their immediate supervisors.

IGP RESOLUTION LEVELS

Level I (Informal Resolution):

The IGP process begins when an inmate files Form #584. The grievant must complete this form within 7 calendar days following the incident and forward to the IGC. The IGC shall forward the grievance to the inmates' housing unit supervisors within two days of their receipt. Housing unit supervisors shall investigate, document all findings on Form #175, attempt resolution and report results to the IGC within 3 calendar days of their receipt of the grievance. Resolution ends the IGP process; the IGC closes the file and monitors issues of compliance. Unresolved grievances are referred to Level II administration.

Level II (RGC Recommendation/Warden's Decision):

The RGC will convene within 30 calendar days of IGC receipt of the grievance to examine the issue and documented investigative data from Form #175, hear testimony, and make a recommendation. The Grievant will be offered the opportunity to participate in the RGC hearing through examination of all information presented and discussion with all participants. The RGC shall ask any question it feels relevant to the issue. If the RGC determines that further investigation is required it may grant an additional five days, by majority RGC member vote and grievant consent, to complete its work. All RGC work is to be documented and forwarded to the IGC on Form #584 RGC Recommendation. The IGC forwards the RGC recommendation to the Warden/Warden's Designee. The Warden/Warden's Designee responds on Form #584 within 10 calendar days and forwards that response to the IGC for distribution. If the Warden/Warden's Designee and grievant concur with the RGC recommendation the grievance is deemed resolved; the IGC closes the file and monitors issues of compliance. If there is no concurrence, the case is referred to Level III administration.

Level III (The Final Decision):

The BGO will review the grievance file upon receipt. Concurrence with the Warden/Warden's Designee decision and signature by the BGO and Bureau Chief of Prisons ends the IGP process; the IGC closes the file and monitors issues of compliance. At the BGO's discretion, mediation between grievant and the Warden/Warden's Designee may be attempted or Outside Review recommended. The BGO shall recommend Outside Review in only those instances where interpretation of law or expansion of policy are necessary. The Bureau Chief of Prisons may accept or reject the BGO's written recommendation. Decisions by the Bureau Chief of Prisons are final and not open to grievant interpretation. The Bureau Chief of Prisons will return his final decision and the grievance file to the IGC for closure and monitoring for issues of compliance.

Emergency Grievance:

Issues that concern substantial risk of personal, physical or psychological inmate injury shall be addressed immediately by the Warden/Warden's Designee. A copy of the grievance shall be sent to the IGC upon receipt by the Warden/Warden's Designee. And the Warden/Warden's Designee shall respond within one calendar day. Grievant appeals of the Warden/Warden's Designee decision will be decided by the Bureau Chief of Prisons within one calendar day upon receipt of the emergency appeal. NOTE: If the Warden/Warden's Designee should determine that the grievance does not meet the emergency criteria, the grievance shall be returned to the inmate for processing through the normal IGP process steps.

Medical Grievance:

All medical grievances must be submitted to the Inmate Grievance Chairperson (IGC) at the respective institution on Form #585. If, by chance, an inmate sends a grievance directly to the medical services contractual staff, they are to forward it first to the IGC who will log it in the institution's grievance log and then return it to the medical services contractual staff for action.

The appropriate medical staff will review the grievance and denote actions taken on the Medical Log Form #586

The medical services contractual staff will attempt an informal resolution with the inmate, upon discussion over the treatment defined on the Medical Log Form. If the Medical Grievance is resolved the inmate acknowledges this by his signature on Form #585 Informal Resolution. This signed form is forwarded to the IGC who will close out the case.

Failure to resolve the grievance informally, results in a Medical Grievance Committee hearing which will not include any medical services contractual staff previously involved in the informal resolution process. The IGC and the inmate must be present at this hearing.

Resolution closes the case; failure to resolve the case results in the inmate completing the MGC Appeal Statement section of Form #585. Upon receipt, the IGC forwards the file to the Bureau

Grievance Officer (BGO). The BGO recommends a course of action to the Bureau Chief of Prisons, who renders a final decision.

Universal Grievance:

Issues that concern the entire system and not just one inmate, a group of inmates, or one institution shall be presented by the BGO to the Bureau Chief of Prisons.

Institutional Transfer:

When possible, transfers shall be delayed for any inmate who has filed a grievance and been notified of an RGC hearing date until the hearing has concluded. If circumstance requires immediate transfer, the IGC at the institution where the grievant filed will proceed in the grievant's absence utilizing the normal IGP process steps through Level II. The Warden/Warden's Designee decision will be forwarded to the IGC at the grievant's new location for review. If the grievant appeals to Level III, the IGC at the grievant's new location shall forward the file to the IGC at the original location for BGO review. Grievances filed against the sending institution after an inmate's transfer, but inside the standard seven day window following an incident, shall be forwarded by the IGC at the new location to the IGC at the original location for processing.

Appeals:

Grievant appeals must be signed, dated and state the specific reasons on Form #584 Grievance Appeal. This form must be given to the IGC who is responsible for tracking the status of each grievance. The IGC will forward the appeal and grievance file to the BGO. Grievants shall have 3 calendar days upon receipt of their copy of the Warden/Warden's Designee decision to appeal, as well as, to include any additional information for review at the next level. NOTE: The Bureau Chief of Prisons decisions are final and not appealable.

Attachments

INMATE GRIEVANCE PROCEDURE

FORMS APPENDIX

April '98 Revision

Inmate Grievance Procedure Appendix

Exhibit	DESCRIPTION	
A	Form #175	Housing Unit Investigation Report
B	Form #175	Page Two
C	Form #584	Grievance Form
D	Form #584	Informal Resolution
E	Form #584	RGC Recommendation
F	Form #584	Warden's/Warden's Designee Response
G	Form #584	Grievance Appeal
H	Form #585	Medical Grievance
I	Form #585	Informal Resolution
J	Form #585	MGC Recommendation/Appeal
K	Form #586	Medical Log

FORM #175

INMATE GRIEVANCE HOUSING UNIT INVESTIGATION REPORT

THIS FORM MUST BE COMPLETED ***WITHIN 3 CALENDAR DAYS*** OF RECIEPT FROM I.G.C.

INMATE:____________________ S.B.I #____________________

CASE#:____________________ DATE RECEIVED FROM I.G.C.:__________

HOUSING UNIT: __________________

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FACTS/DETAILS DETERMINED BY THE INVESTIGATOR:

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FORM #175
Inmate Grievance Housing Unit Investigation Report
Page Two

INVESTIGATOR (SHIFT LEADER):____________________ DATE:____________________

IF REFERRED TO THE NEXT SHIFT LEADER EXPLAIN WHY :

DATE FORWARDED TO I.G.C.:____________________

STAFF SIGNATURE:____________________

April '98 REV

FORM #584

GRIEVANCE FORM

FACILITY:______________________ DATE:______________________

GRIEVANT'S NAME:______________________ SBI#:______________________

CASE#:______________________ TIME OF INCIDENT:______________________

HOUSING UNIT:______________________

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ACTION REQUESTED BY GRIEVANT:______________________

GRIEVANT'S SIGNATURE:______________________ DATE:______________________

WAS AN INFORMAL RESOLUTION ACCEPTED? _____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE:______________________ DATE:______________________

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #584

INFORMAL RESOLUTION

BRIEFLY STATE THE CONDITIONS OF THE INFORMAL RESOLUTION. BE SPECIFIC. LIST THE NAMES, ISSUES AND PARTIES TO THIS AGREEMENT WHICH ADDRESS THE ACTION REQUESTED.

GRIEVANT'S SIGNATURE: ____________________

DATE: ____________________

WITNESS (OFFICER): ____________________

CC: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #584

WARDEN'S/WARDEN'S DESIGNEE RESPONSE

TO BE COMPLETED & RETURNED TO THE IGC WITHIN TEN CALENDAR DAYS

GRIEVANT'S NAME: ______________________ **SBI#:** ______________________

HOUSING UNIT: ______________________ **CASE#:** ______________________

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______________________________ ______________________
WARDEN/WARDEN'S DESIGNEE SIGNATURE DATE:

I WISH TO APPEAL THIS TO THE BUREAU GRIEVANCE OFFICER (B.G.O.)

YES:_____ NO:_____

______________________________ ______________________
GRIEVANT'S SIGNATURE DATE

______________________________ ______________________
I.G.C. SIGNATURE DATE

CC: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #584

R.G.C. RECOMMENDATION

THIS MUST BE COMLETED & RETURNED TO THE I.G.C. WITHIN 30 CALENDAR DAYS

GRIEVANT'S NAME: ____________________ SBI #: ______________ CASE #: ______________

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R.G.C. MEMBERS:

INMATE REPRESENTATIVE: ________________________________

INMATE REPRESENTATIVE: ________________________________

COUNSELOR: ________________________________

SECURITY: ________________________________

INMATE GRIEVANT CHAIRSPERSON: ________________________________

CC: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #584

GRIEVANCE APPEAL

THIS MUST BE COMPLETED AND RETURNED TO THE IGC WITHIN 3 DAYS OF RECEIPT OF THE WARDEN/WARDEN'S DESIGNEE DECISION

GRIEVANT:______________________ SBI#: ______________________

HOUSING UNIT:______________________ CASE#: ______________________

DATE: ______________________

THIS FORM IS TO BE USED ONLY IN THE EVENT OF A WARDEN'S DECISION APPEAL. PLEASE SPECIFY THE REASON FOR THE APPEAL IN THE SPACE BELOW.

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IF YOU NEED ADDITIONAL SPACE ,PLEASE CONTINUE WRITING ON THE BACK OF THIS FORM.

CC: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #585

MEDICAL GRIEVANCE

FACILITY: ____________________ **DATE SUBMITTED:** ____________

INMATE'S NAME: ____________________ **SBI#:** ____________

HOUSING UNIT: ____________________ **CASE #:** ____________

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: ____________

TYPE OF MEDICAL PROBLEM:

GRIEVANT'S SIGNATURE: ____________________ DATE: ____________

ACTION REQUESTED BY GRIEVANT: ____________________

DATE RECEIVED BY MEDICAL UNIT: ____________

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

April '98 REV

FORM #585

MEDICAL GRIEVANCE

INFORMAL RESOLUTION

BRIEFLY STATE THE CONDITIONS OF THE INFORMAL RESOLUTION. BE SPECIFIC. LIST THE NAMES, ISSUES AND PARTIES TO THIS AGREEMENT WHICH ADDRESS THE ACTION REQUESTED.

GRIEVANT'S SIGNATURE: ____________________

DATE: ____________________

WITNESS (OFFICER): ____________________

CC: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #585

MEDICAL GRIEVANCE

MEDICAL Grievance Committee (MGC) Recommendation

RESPONSE BY M.G.C.: ____

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DATE RECIEVED BY GRIEVANT: ______________ GRIEVANT SIGNATURE: ______________

DOES GRIEVANT ACCEPT M.G.C. DECISION? __________(YES) __________(NO)

===

MGC Appeal Statement

PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN THE SPECIFICS OF YOUR APPEAL. UPON COMPLETION, FORWARD THIS FORM TO THE IGC.

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GRIEVANT'S SIGNATURE: ______________________ DATE: ______________

CC: INSTITUTION FILE
GRIEVANT

April '98 REV

FORM #586

MEDICAL LOG

FACILITY: ______________________________

INMATE NAME: ______________________________ SBI# ______________________________

HOUSING UNIT: ______________________________

CASE #: ______________________________

DATES TREATMENT

STAFF SIGNATURE: ______________________________ DATE: ______________________________

EXHIBIT L

FORM #584

GRIEVANCE FORM

FACILITY: J.T.V.C.C. DATE: 6-25-2013

GRIEVANT'S NAME: Daniel B. Cohee SBI #: 470221

CASE #: 269345 TIME OF INCIDENT: Cont.

HOUSING UNIT: 21-B-L-6

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Housing Short time inmates with other inmates Serving Life without Parole dates For Violant Offences. Also Housing Mental Heath issue inmates who have history of Violence, Reckless behavoirs And housing them with Healty inmates. Correctional Staff Policys For watching over inmates who are housed in 21, 23, 22 building, your unable to yell For help and be heard by Correctional Staff who only Come onto the tier ever 1/2 Hour, if your being attacked you have No way of Alearting Correctional Staff Placeing inmates in Danger

ACTION REQUESTED BY GRIEVANT: Requier Staff to do Checks, Remove upper windows So inmates Could be heard if bagiig, put interCom Systems to Montor the tiers, New Policy Not housing Long term inmates with Short term inmates as other prisons do, And Not put Violant offenders with No-Violent.

GRIEVANT'S SIGNATURE: Daniel B. Cohee DATE: 6/25/13

RECEIVED
JUL 0 1 2013
I.G.C. / GRIEVANCE OFFICE

WAS AN INFORMAL RESOLUTION ACCEPTED? ____(YES) ____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE:________________ DATE:__________

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

C.C. File

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

ffender Name :	COHEE, DANIEL B	SBI# :	00470221	Institution :	JTVCC
rievance # :	269345	Grievance Date :	06/25/2013	Category :	Individual
tatus :	Return / Unprocessed	Resolution Status :		Resol. Date :	
rievance Type:	Miscellaneous	Incident Date :	06/25/2013	Incident Time :	
;C :	Dutton, Matthew	Housing at the time of Grievance :	Bldg 21, Lower, Tier B, Cell 6, Top		
rievance Loc :	JTVCC -21	Current Housing :	Building B, Tier A, Cell 12, Top		

OFFENDER GRIEVANCE DETAILS

escription of Complaint: Inmate grievance ideas he has
Please see entire grievance under scanner

emedy Requested :

ADDITIONAL GRIEVANCE INFORMATION

edical Grievance : NO

Date Received by Medical Unit :

rievance Amount :

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

ffender Name :	COHEE, DANIEL B	SBI# :	00470221	Institution :	JTVCC
irievance # :	269345	Grievance Date :	06/25/2013	Category :	Individual
tatus :	Return / Unprocessed	Resolution Status:		Inmate Status :	
irievance Type:	Miscellaneous	Incident Date :	06/25/2013	Incident Time :	
;C :	Dutton, Matthew	Housing at the time of Grievance :	Bldg 21, Lower, Tier B, Cell 6, Top		
irievance Loc :	JTVCC -21	Current Housing :	Building B, Tier A, Cell 12, Top		

INFORMAL RESOLUTION

Offender's Signature:______________________________

Date :______________

Witness (Officer) :______________________________

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261